

IRON WORKS HEALTH CLUB

1702 11th St.
Huntsville, TX 77340
936-291-2128

WAIVER OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK

In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of Iron Works health Club, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Iron Works Health Club or its employees from liability from any and all claims including the negligence of Iron Works resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment at Iron Works Health Club

Printed Name of Participant

Signature of Participant

Date

Signature of Parent or Guardian of Minor

Date

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Iron Works has facilities for and provides for activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of directions, and others involve sustained physical activity which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I HAVE READ THE PREVIOUS PARAGRAPHS AND I KNOW, UNDERSTAND, AND APPRECIATE THESE AND ANY AND ALL OTHER RISKS THAT ARE INHERENT IN THE ACTIVITIES UNDERTAKEN AT IRON WORKS HEALTH CLUB. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.

I FURTHER AGREE TO RELEASE, INDEMNIFY, HOLD HARMLESS, AND DEFEND IRON WORKS HEALTH CLUB, AND ITS OWNERS, AGENTS, AND EMPLOYEES ("THE RELEASED PARTY") FROM ANY AND ALL CLAIMS RESULTING FROM ILLNESS, INJURIES, INCLUDING DEATH, PROPERTY DAMAGE AND LOSSES SUSTAINED BY THE PARTICIPANT AND ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH MY CONDUCT AND THE ACTIVITIES UNDERTAKEN AT IRON WORKS HEALTH CLUB, INCLUDING CLAIMS RESULTING FROM THE NEGLIGENCE IN WHOLE OR PART OF THE RELEASED PARTIES, AND INCLUDING WITHOUT LIMITATION CLAIMS ARISING FROM ALL EXERCISES, CLASSES, AND PHYSICAL MOVEMENTS OF ANY NATURE. I FURTHER RELEASE AND INDEMNIFY THE RELEASED PARTIES FROM CLAIMS ARISING FROM THE USE AND ADJUSTMENT OF ANY AND ALL MACHINERY, EQUIPMENT AND APPARATUS, AND ANYTHING FURTHER RELATED TO MY USE OF THE SERVICES, FACILITIES, OR PREMISES AT IRON WORKS HEALTH CLUB.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver of Liability, Indemnification, and Assumption of Risk Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently will be incorporated by reference into and become a part of this Agreement.

Signature of Participant

Date

Parent or Guardian

Date

One Custodial Parent or Guardian MUST Sign (if participant is under age 18)

HEALTH HISTORY FORM

NAME: _____ DATE: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: (H)/(C): _____ (W) _____

HEALTH REPORT:

EMERGENCY CONTACT: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

1) ARE YOU CURRENTLY TAKING ANY MEDICATION? ____ YES ____ NO

TYPE: _____ REASON: _____

TYPE: _____ REASON: _____

TYPE: _____ REASON: _____

2) DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS?

CONDITION			DESCRIPTION/EXPLANATION
Heart Attack	____ Yes ____ No		_____
Stroke	____ Yes ____ No		_____
Chest Pain	____ Yes ____ No		_____
Hypertension	____ Yes ____ No		_____
Diabetes	____ Yes ____ No		_____
Cancer	____ Yes ____ No		_____
High Cholesterol	____ Yes ____ No		_____
Hernia	____ Yes ____ No		_____
Thyroid	____ Yes ____ No		_____
Anemia	____ Yes ____ No		_____
Back Pain/Injury	____ Yes ____ No		_____
Other	____ Yes ____ No		_____

3) ARE YOU CURRENTLY UNDER CARE OF PHYSICIAN FOR ANY REASON AT ALL?

____ YES ____ NO

IF YES, EXPLAIN _____

4) DO YOU KNOW OF ANY PHYSICAL CONDITION THAT YOU HAVE THAT COULD BE AGGRAVATED BY EXERCISING?

____ YES ____ NO

IF YES, EXPLAIN _____

5) DOES YOUR DOCTOR KNOW THAT YOU ARE BEGINNING AN EXERCISE PROGRAM? ____ YES ____ NO

RELEASE

I KNOW OF NO PHYSICAL OR MEDICAL CONDITION WHICH I, OR MY DOCTOR, FEEL COULD BE AGGRAVATED BY MY USING THE EQUIPMENT AND FACILITIES OR, PARTICIPATING IN ACTIVITIES SPONSORED BY THIS CLUB. I AGREE TO ADVISE CLUB MANAGEMENT IN WRITING IF ANY OF THE ABOVE INFORMATION CHANGES OR MY DOCTOR ADVISES ME TO STOP, REDUCE, OR OTHERWISE ADJUST MY EXERCISE REGIMEN AT THE CLUB. I WILL ADVISE THE CLUB MANAGEMENT IMMEDIATELY IF I INJURY MYSELF IN ANYWAY WHILE ON CLUB PROPERTY. THE INFORMATION I HAVE GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE.

SIGNATURE _____

DATE _____